rapid rise, even to 104° F. In all cases excepting two the Loeffler bacillus was found, the failures being undoubtedly due to faulty inoculation. In these cases the injections appeared to be absolutely harmless when thorough antiseptic precautions have been observed. In the cases where tracheotomy was performed it was possible to remove the canula on the third or fourth day, the false membranes in the pharynx disappearing more rapidly than those in the larynx and trachea; the tracheal wound is not complicated by diphtheria, but it is covered in about eight days with a dry scab, under which the skin is restored. A fact which should be borne in mind with reference to the cases which need operative interference is that the rapid breaking up of the membranes is accompanied by an abundance of purulent mucus, which would be more readily expelled through the tracheotomy canula-tube than through the O'Dwyer tube. Since the broncho-pneumonia is the most frequent fatal complication the older forms of treatment cannot be abandoned. This requires tonics, alcohol, antipyretics, a moist, warm, and microbicidal atmosphere, because the antitoxin acts only against the toxin secreted by the Loeffler bacillus, and not against that of the streptococci and staphylococci associated with it.—*Journal de Médecine, de Chirurgie et de Pharmacologie,* 1894, Fasc. 4, p. 337.

Dr. A. McGregor reports a single case of diphtheria complicating measles. A woman, of twenty-five years of age, seven days after the appearance of a copious rash of measles complained of sore-throat and headache. On the right tonsil was seen a small yellowish-gray patch, with a few smaller spots palate and to the opposite tonsil, and glandular swelling appeared in the neck. about it. During the two days following, the patch extended to the soft Microscopic examination and a cultivation proved the case to be one of true diphtheria. Sixteen minims of antitoxin were injected into the muscles of the back. During the next five days improvement continued, and convalescence was established.—*Lancet,* 1894, No. 3717, p. 1215.

Tetanus Treated by Tizzoni's Antitoxin.

Dr. B. Bauer reports a fatal case which was seen eight days after the injury, and which was two days under observation. The symptoms of tetanus did not appear until the day before the treatment was commenced. Besides the antitoxin, the patient received sixty grains of chloral. In the cases previously reported the chronicity of the disease was marked, while in this the short period of incubation and the rapid progress of the symptoms are in contrast. Whether the former series of cases would have recovered under treatment by the usual narcotics is an open question.—*Wiener klinische Wochenschrift,* 1894, No. 45, S. 846.

The Treatment of Severe Stridulous Laryngitis in Infants.

Dr. Henri Huchard states that this condition is based upon two elements, an inflammation and a spasm of the larynx. It is not the inflammation, which can be slight or intense without increasing the gravity of the case, but it is the spasm which constitutes the danger. The emetics, compresses of very hot water (Graves), sinapisms to the lower limbs, internal administration of ether, are all untrustworthy and inefficient. The remedy is potassium bromide, which must be used in large doses (for a child of four and one half years, sixty to seventy grains per day). The surgical treatment is either intubation or tracheotomy.—*Journal des Practiciens*, 1894, 2d *Semestre*, No. 38, p. 465.

THE HYDROPATHIC TREATMENT OF PNEUMONIA.

DR. RENDU reports two successful cases. In the first he prescribed the wet sheet and kermes mineral (sulphurated antimony) in julep. The diagnosis was a lobar broncho-pneumonia of irregular evolution, suggesting the grippal variety. Every two or three days there were recrudescences of a type analogous to that of intermittent fever. Each time that the wet sheet was applied there was relief. Although this procedure did not modify either the evolution of the disease nor jugulate it, it certainly contributed to the cure by diminishing the dyspnœa and hyperpyrexia, and by relieving the functional troubles of the kidney. In the second case, alcohol with tincture of digitalis was used. The wet sheet was ordered, and upon the following day, since all symptoms were aggravated and delirium was marked, three cold baths were administered, and upon the next day two baths were given. In pneumonia, cold baths constitute a therapeutic measure of the first order, truly heroic. Their use is, in reality, a return to the first ages of medicine, for Hippocrates has shown their good effects in pneumonia, and has established the fact that they diminish the stitch-pains in the side, facilitate expectoration, and are diuretic.—*Journal des Practiciens*, 1894, 2d *Semestre*, No. 37, p. 449.

THE TREATMENT OF PYREXIA.

DR. W. HALE WHITE believes that hyperpyrexia should be energetically treated by cold baths. In ordinary pyrexia the routine use of antipyretics is not good practice. When benefit coincides with the reduction of temperature the means employed have a specific beneficial effect upon the particular disease; consequently the temperature falls at the same time as the other symptoms improve. In this sense mercury, in syphilitic fever, is antipyretic. Antipyrin, acetanilid, and phenacetin should rarely be used as antipyretics.

DR. JAMES A. LINDSAY stated that external cold was the only efficacious agent in hyperpyrexia, either as cold bath or as cold infusion. In typhoid fever he had found no permanent benefit from the use of antipyrin, acetanilid, or phenacetin. An occasional large dose of quinine (twenty or more grains) given six or eight hours before the upward rise, was often beneficial. The treatment of phthisical pyrexia was very discouraging; the slighter degrees were often here left alone or treated by dieting, fresh air, and rest; the severer degrees were often uncontrollable.

DR. JAMES BARR finds that an enormous amount of latent heat can be insensibly removed from the body through the exhalation of watery vapor. A properly made and properly applied warm flaxseed poultice becomes a valuable antipyretic measure. It should be free from oil, very moist, and allowed to evaporate freely from its external surface. In this way it tends to cool rapidly, as it quickly absorbs heat which is brought to the surface through the dilated capillaries, and insensibly transferred to the atmosphere in vapor. Heat can also be abstracted from the body by radiation. Some tins made with parallel surfaces in segments of a circle, filled with ice and then stoppered, were placed about the patient so that he was almost completely surrounded, although he did not come in contact with them. As radiant heat does not affect the media through which it travels, the patient was not rendered very uncomfortable so long as the air was kept still. Water is the great physical agent for reducing temperature. In moderately severe cases cold compresses or wet packs may be sufficient. In hyperpyrexia cold baths or cold douches not merely abstract heat, but rouse up the nervous system. The effect of the application depends not so much upon the temperature of the water as upon the suddenness and momentariness of the application. These cases are best treated by playing upon them with water out of a hose pipe. In other severe cases of pyrexia with prolonged high temperature, and especially in cases of typhoid fever, constant immersions in water at a temperature varying from 90° to 98° F. are satisfactory.

DR. R. DOUGLAS POWELL states that many remedies of the thermolytic class—antipyrin, phenacetin—while valuable in reducing excessive temperature, require careful handling, for if the temperature be reduced considerably below that normal to the disease the danger of relapse of microbic activity is greatly increased. Remedies of the quinine and salicin class, on the other hand, were antipyretics by being germicides and antitoxins. These two remedies were often advantageously combined.

DR. R. SHINGLETON SMITH admits the utility and safety of the bath, but the introduction of modern antipyretic drugs has removed the necessity of adopting the cold-bath method in all cases of typhoid and other fevers. He had never seen any harm from the efficient, but not excessive, use of phenacetin, and at this time he rarely found it necessary to adopt the cold-bath method, because the temperature was controlled by simpler and less disagreeable methods.

DR. E. MARKHAM SKERRITT believes that quinine is still one of the best and safest of antipyretics, when given in doses, for an adult, of from thirty to forty grains, either in one or in two doses at a half-hour interval.

DR. THOMAS GRAINGER STEWART did not adopt the cold-bath method as an habitual practice, but trusted rather to cold sponging, iced cloths to the abdomen, and the continuous use of antipyretics, reserving cold bathing only when remedies of easier application failed.

DR. HERBERT SNOW called attention to the antipyretic virtues of calomel, purifying the *primæ viæ* and being partly converted into corrosive mercuric chloride, so hostile to microbes.—*British Medical Journal*, 1894, No. 1768, p. 1093.

THE TREATMENT OF PURULENT PLEURISY.

DR. C. G. CUMSTON believes that in recent favorable cases, devoid of all complications, all methods such as aspiration, incision, or resection, may bring about a cure. For cases which are incurable by the so-called classical methods, the siphon of Revilliod offers the prospect of cure. The siphon consists of a tube of black rubber, which is inserted into the pleural cavity;

two feet from the proximal end is placed a bulb, and distally, the tube, being continued for three feet, its termination is placed in a receptacle containing an antiseptic solution—either carbolic acid or creolin—so as to prevent the entrance of air. The proximal end is retained in position with plaster. If there is no fistula, an incision is made near the posterior axillary line, that is, near the anterior border of the great dorsal muscle, whose fibres can be cut without inconvenience in the seventh or eighth intercostal space on the right, and in the eighth or ninth intercostal space on the left side. The advantages of this method are that there is no immobilization of the lung with retention of gas and liquid, but immediate expansion, and the washing out of the cavity is less necessary. In a word, the siphon cures without resection of the ribs and without fistula. Six cases are reported of either chronic or complicated pleurises which would have been considered as incurable, all of which ended in recovery.—*Boston Medical and Surgical Journal*, 1894, vol. cxxxi., p. 502.

THE TREATMENT OF CHRONIC HEART DISEASE.

DR. ROBERT H. BABCOCK reports nineteen cases which were treated by the Schott method of baths of from 93° to 87° F., containing free carbon dioxide and the salts of sodium and calcium chloride, and by gymnastics. There is no doubt that this method may be dangerous in degenerative changes of the bloodvessels and of the myocardium, such as aneurism and advanced arterio-sclerosis, acute softening, and great fatty degeneration of the heart, when rupture may result from heightened intra-vascular and intra-cardiac pressure. Chronic interstitial nephritis is not a contra-indication. In hypertrophied hearts the baths should not be given as long as the heart is adequate to the peripheral resistance to be overcome, but only when the cardiac energy is threatening to fail or has actually failed. The gymnastic exercises (movements of flexion, extension, and rotation of the extremities and trunk, performed slowly and steadily, interrupted by periods of repose, and against the counter-resistance of a trained attendant) are an important adjunct to the baths. The effort exerted by the patient is not so great as to cause embarrassment of respiration, or undue acceleration of the pulse. If the exercises are properly performed, and the resistance judiciously apportioned to the patient's endurance, these gymnastics slow the rate and augment the force and volume of the pulse, as has been repeatedly shown by the sphygmograph and sphygmomanometer. If too great resistance be applied, there is produced a sensation of cardiac distention with variable degree of dyspnœa, while the pulse grows more rapid and feeble. Improved arterial circulation is so manifest a result of these exercises that it has been known to lessen the frequency and even the severity of the attacks of angina pectoris in individuals who, on account of arterio-sclerosis, had been unable to indulge in even very moderate physical exercise.—*New York Medical Journal*, 1894, No. 836, p. 705.

THE RESUSCITATION OF STILLBORN INFANTS.

DR. BEDFORD BROWN, during the past three or four years, in several cases of this kind, apparently under the most hopeless circumstances, when all